

M E M O R A N D U M

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
FOOD AND DRUG ADMINISTRATION  
CENTER FOR DRUG EVALUATION AND RESEARCH

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Date: February 11, 2000

To: Dockets Management Branch (HFA-305)

From: Melissa Lamb  
Office of Generic Drugs

Subject: Therapeutic Equivalence of Protein  
Therapeutic Agents

This memorandum forwards overheads of a presentation to the Dockets Management Branch for inclusion in Docket 90S-0308. The following is information on the presentation for the Docket records:

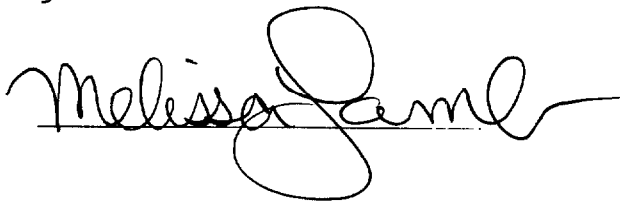
Title of Presentation: Therapeutic Equivalence of rhGH Based on Pharmacodynamic Endpoints

Presented for: Preclinical and Clinical Development of Biological Therapeutics: Focus on PK and PD  
Annapolis, MD.

Date Presented: 10/19/99

Presented by: Wallace P. Adams

Number of Pages: 9



Attachment

90S-0308

M695

# **Therapeutic Equivalence of rhGH Based on Pharmacodynamic Endpoints**

## **Therapeutic Equivalence of Protein Therapeutic Agents**

Breakout Session C1

**Preclinical and Clinical Development of  
Biological Therapeutics: Focus on PK and PD**

Annapolis, MD

19 October 1999

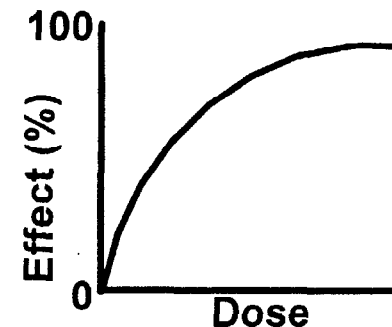
Wallace P. Adams, Ph.D.  
Office of Pharmaceutical Science  
CDER/FDA

## $E_{\max}$ Model With Baseline Effect

$$E = E_0 + \frac{E_{\max} \times \text{Dose}}{\text{Dose} + ED_{50}}$$

Where:

- $E$  = Pharmacodynamic effect
- $E_0$  = Baseline effect (fitted)
- $E_{\max}$  = Maximum value of “E” (fitted)
- $ED_{50}$  = Dose required to achieve 50% of  $E_{\max}$



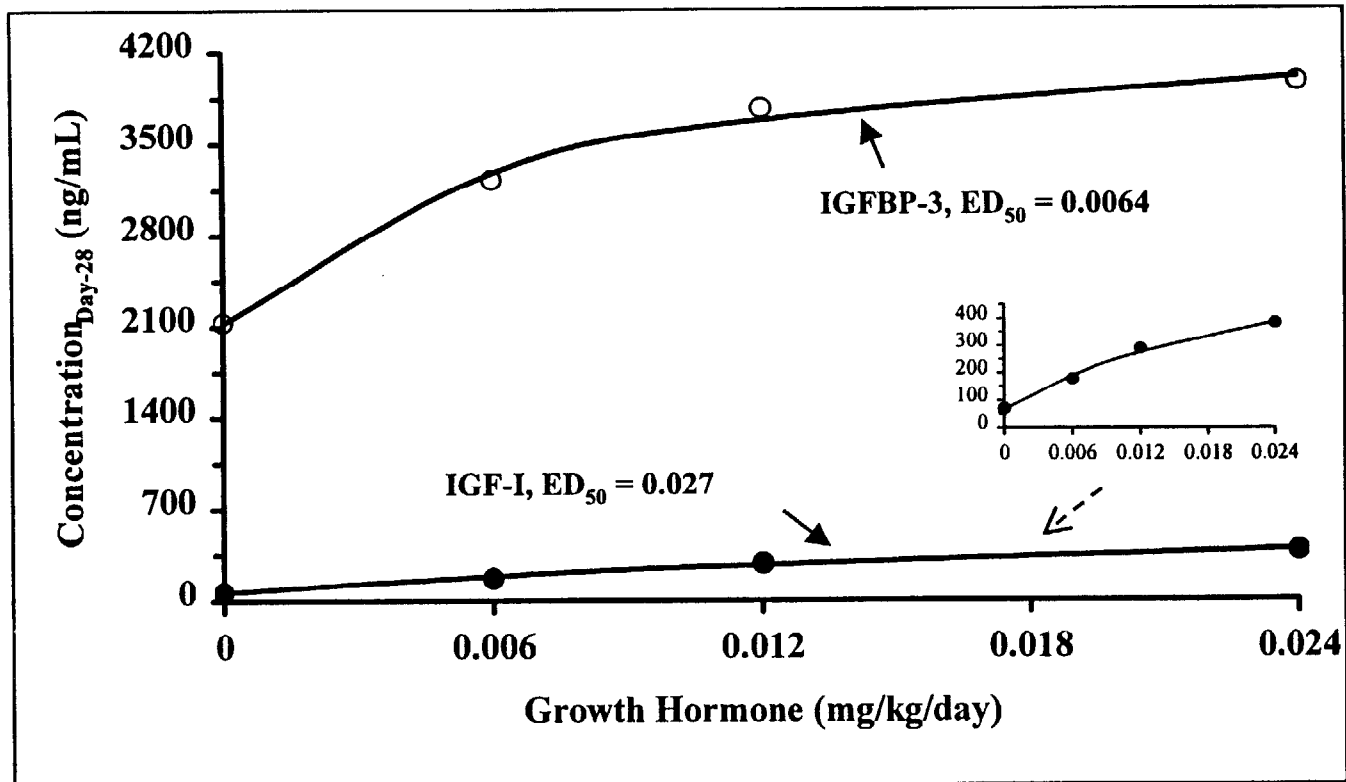
- ☛ Predicts the maximum achievable effect
- ☛ Estimates the baseline effect in the absence of drug
- ☛ Conforms to simple theories, relating dose or concentration to receptor binding and the observed effect, which suggest that if doses or concentrations are high enough, a maximum response is achieved

# rhGH Dose-Response in GHD

(HA Wollmann et al, 1995)

- Study Design
  - 12 GHD adults (9 male, 3 female), ages 20 - 31
  - No hGH treatment within 6 months of study
  - Randomized crossover, three period
  - Daily sc injections for 4 week treatment periods
  - No washout period between treatments
  - Baseline (BL) and three doses: 0.006, 0.012, and 0.024 mg/kg/day
  - Blood samples at BL and days 7, 14, and 28
  - PD markers: serum IGF-I, IGFBP-3, bone markers

## rhGH Dose-Response in GH-Deficient Adults (Observed and $E_{\max}$ model fitted)



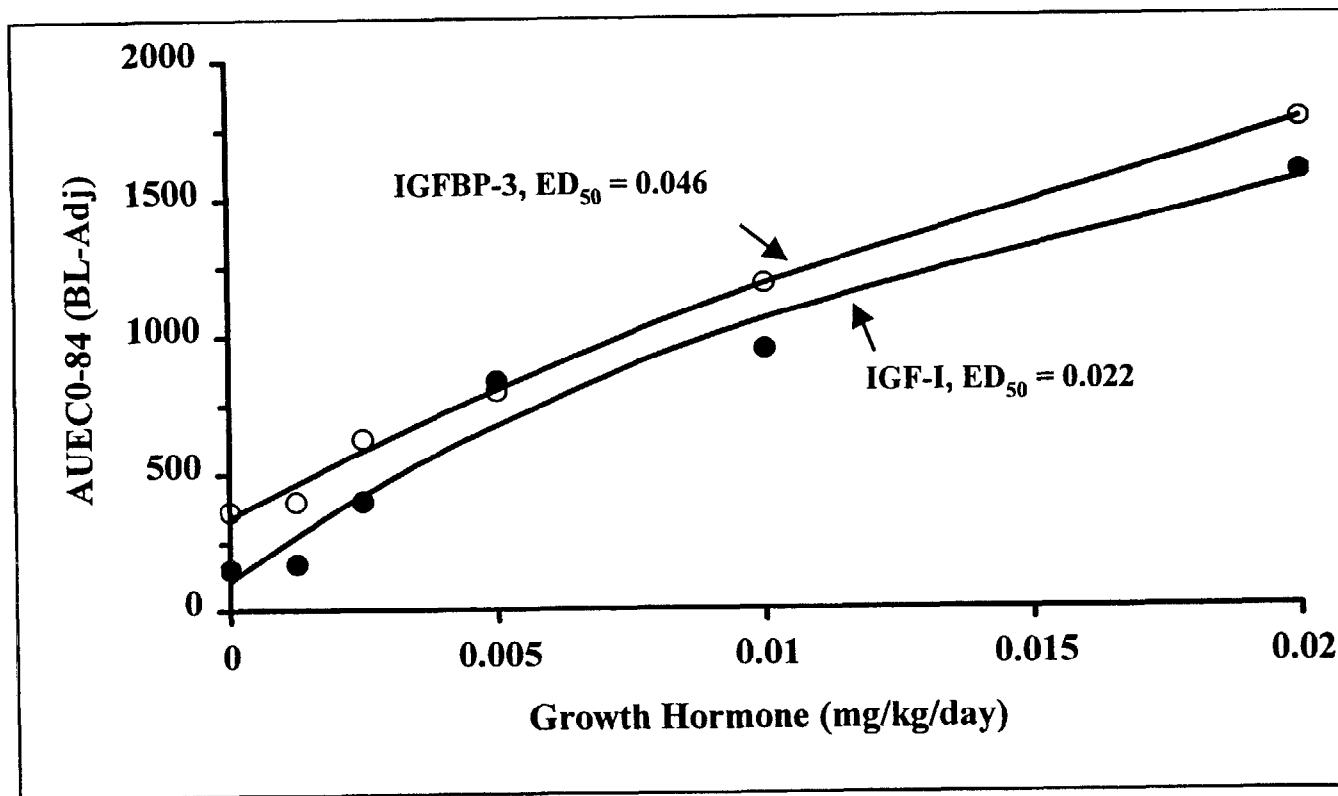
# rhGH Dose-Response in Healthy Volunteers

(E Ghigo et al, 1999)

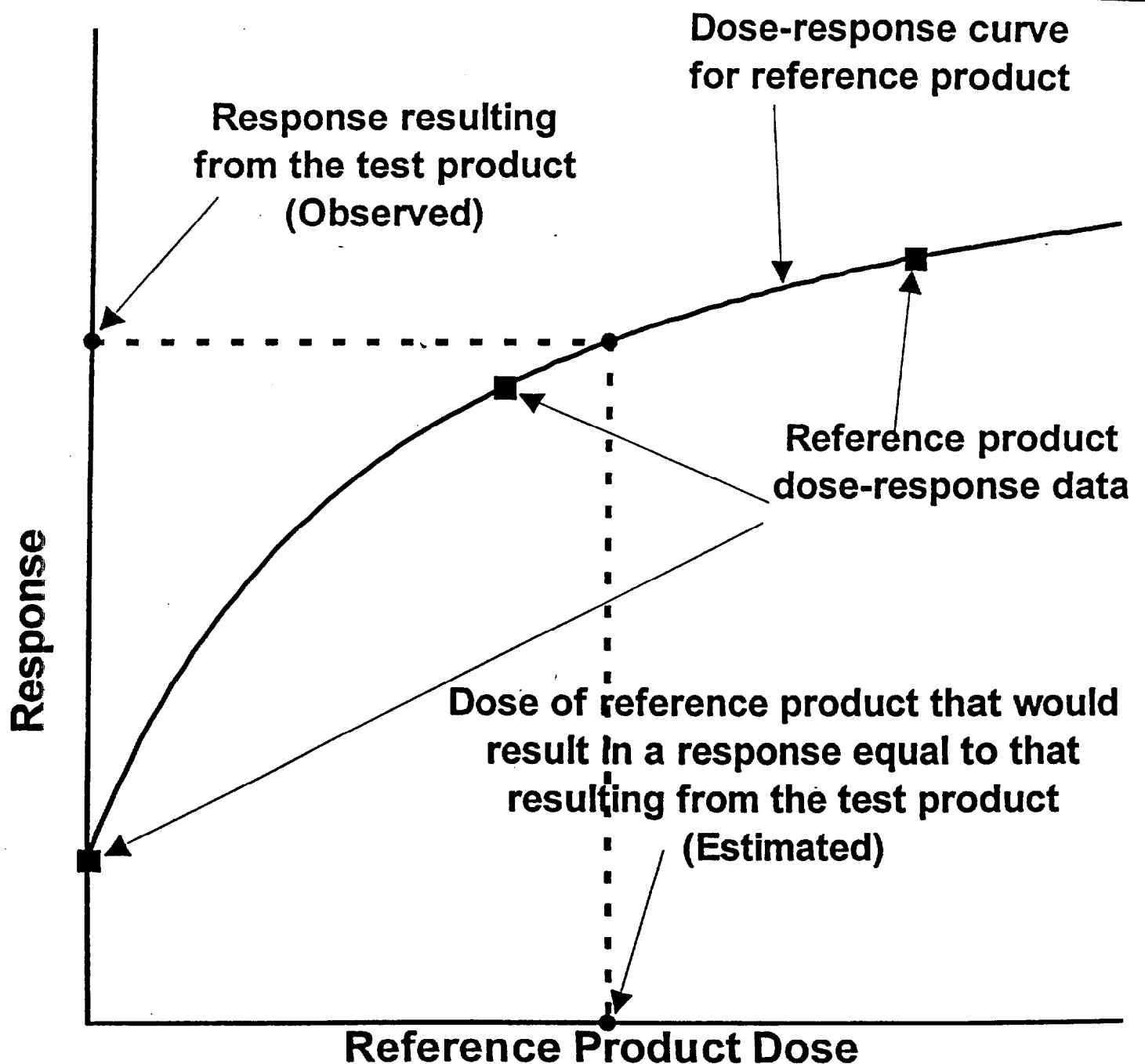
- Study Design

- 21 healthy adults (12 male, 9 female), both groups  $30.5 \pm \text{SE}$  (2.7 ♂, 1.3 ♀) years
- Randomized crossover, six period
- Placebo plus 5 doses: 0.00125-0.020 mg/kg/day
- Daily sc injections for 4 day treatment periods
- One month washout between treatment periods
- Blood samples at BL, at 12 hrs after each dose, and 24 hrs after 4th dose
- PD markers: serum IGF-I, IGFBP-3

## rhGH Dose-Response in Healthy Volunteers (Observed and $E_{\max}$ model fitted)



# BE Criteria on the Dose Scale: Theory





# Dose Scale Approach

- Rationale
  - Equivalence of amount of drug that reaches the site of action (biophase) is preferred to equivalence of pharmacodynamic response
    - dose proportionality of drug concentration at biophase is assumed
    - doubling dose doubles concentration at biophase with linear pharmacokinetics
    - doubling dose does not in general double PD response
- Advantages
  - Nonlinearity on response scale eliminated
  - Relates relative amounts of drug from test and reference products delivered to the biophase

# A Possible rhGH PD Study Design for Pharmaceutical Equivalence

- 36 GHD adults
- Randomized crossover 4 period
- No placebo
- 4 week treatment period with no washout between periods
- Daily sc injections for 4 weeks:
  - Reference product: 0.010, 0.020, 0.040 mg/kg/day
  - Test product: 0.010 mg/kg/day
- PD markers:
  - IGF-I (pivotal); IGFBP-3 (confirmatory) at day 28
- Blood samples: BL prior to first period and after day 28
- Conduct pilot study to estimate number of subjects and  $ED_{50}$